

DMV Lane Technician Observation Report

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| DMV Technician: <u>Dan Himmer</u> | | Position: <u>Dor 2</u> | |
| Station: <u>Dover</u> | Date: <u>9-12-14</u> | Time: <u>1:25</u> | |
| Vehicle Make: <u>Chevy</u> | Model: <u>CAV</u> | Year | |
| GVWR: | Fuel Type: <u>G</u> | Registration Number: <u>94815D</u> | |
| Auditor: <u>Dossert</u> | <u>Covert</u> / Overt (circle one) | | |

| | YES | NO | N/A |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Did technician check vehicle paper work and verify VIN number? | <input checked="" type="checkbox"/> | | |
| 2. Was Emissions testing required? | <input checked="" type="checkbox"/> | | |
| a) Was Emissions testing performed using OBD? | <input checked="" type="checkbox"/> | | |
| b) Was Emissions testing performed using Analyzer Probe? | | <input checked="" type="checkbox"/> | |
| c) Was Emissions testing performed using Paddle(s)? | | <input checked="" type="checkbox"/> | |
| d) Was Emissions testing performed using Clip? | | <input checked="" type="checkbox"/> | |
| 3. Was Catalytic Converter inspection required? | | <input checked="" type="checkbox"/> | |
| a) Was Catalytic Converter inspection performed? | | | <input checked="" type="checkbox"/> |
| 4. Was Fuel Tank pressure testing required? | | <input checked="" type="checkbox"/> | |
| a) Was Fuel Tank pressure testing performed? | | | <input checked="" type="checkbox"/> |
| 5. Was Fuel Cap pressure testing required? | | <input checked="" type="checkbox"/> | |
| a) Was Fuel Cap pressure testing performed? | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Is this test a Re-check from a prior failure? | | <input checked="" type="checkbox"/> | |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | <input checked="" type="checkbox"/> |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | <input checked="" type="checkbox"/> |
| New Castle and Kent Counties Only | | | |
| 7. Was Two-Speed Idle testing required? | | <input checked="" type="checkbox"/> | |
| a) Was Two-Speed Idle testing performed? | | | <input checked="" type="checkbox"/> |
| Sussex County Only | | | |
| 8. Was Curb Idle testing required? | | <input checked="" type="checkbox"/> | |
| a) Was Curb Idle testing performed? | | | <input checked="" type="checkbox"/> |
| Comment: | | | |
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| Lane Supervisor Signature: _____ | | | |

Revised 04/12/2013

DMV Lane Technician Observation Report

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| DMV Technician: <u>Steven Williams</u> | | Position: <u>1 or 2</u> | |
| Station: <u>Dover</u> | Date: <u>9/12/14</u> | Time: <u>1:17</u> | |
| Vehicle Make: <u>Chevy</u> | Model: <u>TANOE</u> | Year: <u>2007</u> | |
| GVWR: <u>7300</u> | Fuel Type: <u>G</u> | Registration Number: <u>7C87322</u> | |
| Auditor: <u>Dasser</u> | | Covert / <u>Overt</u> (circle one) | |
| | YES | NO | N/A |
| 1. Did technician check vehicle paper work and verify VIN number? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Was Emissions testing required? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a) Was Emissions testing performed using OBD? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Was Emissions testing performed using Analyzer Probe? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c) Was Emissions testing performed using Paddle(s)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d) Was Emissions testing performed using Clip? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Was Catalytic Converter inspection required? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| a) Was Catalytic Converter inspection performed? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Was Fuel Tank pressure testing required? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| a) Was Fuel Tank pressure testing performed? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Was Fuel Cap pressure testing required? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| a) Was Fuel Cap pressure testing performed? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Is this test a Re-check from a prior failure? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| a) Which re-check test is being performed? 1 2 3 (circle one) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b) If this is re-check #3, was repair paperwork verified for waiver? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| New Castle and Kent Counties Only | | | |
| 7. Was Two-Speed Idle testing required? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| a) Was Two-Speed Idle testing performed? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Sussex County Only | | | |
| 8. Was Curb Idle testing required? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| a) Was Curb Idle testing performed? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Comment: | | | |
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| Lane Supervisor Signature: _____ | | | |

Revised 04/12/2013

DMV Lane Technician Observation Report

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| DMV Technician: <u>Steve Wootman</u> | | Position: <u>1</u> or 2 | |
| Station: <u>Dover</u> | | Date: <u>9-12-14</u> Time: <u>1:28</u> | |
| Vehicle Make: <u>Toyota</u> | | Model <u>Avalon</u> Year <u>445481</u> 1995 | |
| GVWR: | Fuel Type: <u>9</u> | Registration Number: <u>445481</u> | |
| Auditor: <u>Dossert</u> | | <u>Covert</u> / Overt (circle one) | |

| | YES | NO | N/A |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Did technician check vehicle paper work and verify VIN number? | <input checked="" type="checkbox"/> | | |
| 2. Was Emissions testing required? | <input checked="" type="checkbox"/> | | |
| a) Was Emissions testing performed using OBD? | | <input checked="" type="checkbox"/> | |
| b) Was Emissions testing performed using Analyzer Probe? | <input checked="" type="checkbox"/> | | |
| c) Was Emissions testing performed using Paddle(s)? | <input checked="" type="checkbox"/> | | |
| d) Was Emissions testing performed using Clip? | | <input checked="" type="checkbox"/> | |
| 3. Was Catalytic Converter inspection required? | <input checked="" type="checkbox"/> | | |
| a) Was Catalytic Converter inspection performed? | <input checked="" type="checkbox"/> | | |
| 4. Was Fuel Tank pressure testing required? | | <input checked="" type="checkbox"/> | |
| a) Was Fuel Tank pressure testing performed? | | | <input checked="" type="checkbox"/> |
| 5. Was Fuel Cap pressure testing required? | | <input checked="" type="checkbox"/> | |
| a) Was Fuel Cap pressure testing performed? | | | <input checked="" type="checkbox"/> |
| 6. Is this test a Re-check from a prior failure? | | <input checked="" type="checkbox"/> | |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | <input checked="" type="checkbox"/> |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | <input checked="" type="checkbox"/> |
| New Castle and Kent Counties Only | | | |
| 7. Was Two-Speed Idle testing required? | <input checked="" type="checkbox"/> | | |
| a) Was Two-Speed Idle testing performed? | <input checked="" type="checkbox"/> | | |
| Sussex County Only | | | |
| 8. Was Curb Idle testing required? | | <input checked="" type="checkbox"/> | |
| a) Was Curb Idle testing performed? | | | <input checked="" type="checkbox"/> |
| Comment: | | | |
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| Lane Supervisor Signature: _____ | | | |

Revised 04/12/2013

DMV Lane Technician Observation Report

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|-----------------------------------|------------------------------------|-------------------------|--|
| DMV Technician: <u>Joe Riccio</u> | | Position: 1 or <u>2</u> | |
| Station: <u>Dover</u> | Date: <u>9-12-14</u> | Time: <u>1:30</u> | |
| Vehicle Make: <u>Toyota</u> | Model: <u>Avalon</u> | Year: <u>1995</u> | |
| GVWR: | Fuel Type: <u>G</u> | Registration Number: | |
| Auditor: <u>Dossart</u> | <u>Covert</u> / Overt (circle one) | | |

| | YES | NO | N/A |
|--|-----|----|-----|
| 1. Did technician check vehicle paper work and verify VIN number? | ✓ | | |
| 2. Was Emissions testing required? | | ✓ | |
| a) Was Emissions testing performed using OBD? | | | ✓ |
| b) Was Emissions testing performed using Analyzer Probe? | | | ✓ |
| c) Was Emissions testing performed using Paddle(s)? | | | ✓ |
| d) Was Emissions testing performed using Clip? | | | ✓ |
| 3. Was Catalytic Converter inspection required? | | ✓ | |
| a) Was Catalytic Converter inspection performed? | | | ✓ |
| 4. Was Fuel Tank pressure testing required? | ✓ | | |
| a) Was Fuel Tank pressure testing performed? | ✓ | | |
| 5. Was Fuel Cap pressure testing required? | ✓ | | |
| a) Was Fuel Cap pressure testing performed? | ✓ | | |
| 6. Is this test a Re-check from a prior failure? | | ✓ | |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | ✓ |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | ✓ |
| New Castle and Kent Counties Only | | | |
| 7. Was Two-Speed Idle testing required? | | ✓ | |
| a) Was Two-Speed Idle testing performed? | | | ✓ |
| Sussex County Only | | | |
| 8. Was Curb Idle testing required? | | ✓ | |
| a) Was Curb Idle testing performed? | | | ✓ |
| Comment: | | | |
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| Lane Supervisor Signature: _____ | | | |

Revised 04/12/2013